

BULLETIN**CHILD NUTRITION PROGRAMS****FDCH 14-10****October 8, 2010****SUBJECT: Documentation for Children with Special Dietary Needs****CONTACT: Louise Frey****PH: (801) 538-7696**

Attached is the most current form for use with children with disabilities or special dietary needs. This document can also be found on the CNP website. Please note the requirements.

The *Accommodating Children with Special Dietary Needs in the School Nutrition Programs* manual can be found at http://www.schools.utah.gov/cnp/Files/special_dietary_needs.pdf. As per USDA guidance, this document serves all programs operating CACFP as well as schools.

There are two reasons for accommodating children with special dietary needs. The first reason is a disability which is defined as having a “physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.” The second is having a special dietary need which may not be a disability, “but is medically certified as having a special medical or dietary need.” This is determined on a case by case basis, and “covers only those children who may have a food intolerance or allergies that do not have life-threatening reactions when the child is exposed to the problem food.”

A disability requires a physician’s statement which must identify “the child’s disability, an explanation of why the disability restricts the child’s diet, the major life activity affected by the disability, the food or foods to be omitted from the child’s diet, and the food or choice of foods that must be substituted.” We recommend the substituted foods be nutritionally equivalent. However, the doctor’s statement is considered a prescription and must be followed by the institution or facility.

Substitutions for other children with other special dietary needs must be medically certified as having a special medical or dietary need. These substitutions must be supported by a statement which explains the food substitution that is requested, and must be signed by recognized medical authority. This statement must include an identification of the medical or other special dietary condition which restricts the child’s diet, the food or foods to be omitted from the child’s diet, and the food or choice of foods to be substituted. Again, we recommend the substituted foods be nutritionally equivalent. “Physicians, physician assistants, nurse practitioners” are considered recognized medical authorities.

Institutions may not charge extra fees to serve meals to children with disabilities or for children with meal accommodations. Medical statements do not need to be renewed annually, but should be kept current.

Parental preferences, such as for vegetarian or vegan meals, are at the discretion of the institution/facility and we recommend there be a written policy in place to handle these situations.

(CACFP 666; Accommodating Children with Special Dietary Needs)

Special Diet Request

Name of Child	Age	
Name of Parent or Guardian	Contact Number	
<p>Check One Box</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20px; text-align: center;"> <input type="checkbox"/> </div> <div> <p>Child has a <u>disability</u> which <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) A <i>licensed medical physician</i> must sign this form. *Describe disability.</p> </div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 20px; text-align: center;"> <input type="checkbox"/> </div> <div> <p>Child <u>does not have a disability</u>, but a special meal or accommodation due to food intolerance(s) or other medical reasons is requested. A <i>licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian</i> must sign this form. *Do not complete this question.</p> </div> </div>		
Disability or medical condition requiring a special meal accommodation		
*If child has a disability, describe major life activity affected by the disability.		
Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation. Include required food texture if needed.)		
Specific foods to be omitted and substituted. You may attach a sheet with additional information.		
<p style="text-align: center;">A. Foods to Omit</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 100%;"></div>	<p style="text-align: center;">B. Foods to Substitute</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>
<i>I certify the above named child needs special meals prepared as described above.</i>		
<p>Signature of Medical Authority and Credentials</p> <p>Printed Name</p>	<p>Office Phone</p>	<p>Date</p>
<p>Signature of Institution's Authorized representative</p>		<p>Date</p>

Special Diet Request

Definitions

A Person with a Disability- any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Physical or Mental Impairment-(a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities-functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Record of Impairment-having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

***Citations from Section 504 of the Rehabilitation Act of 1973**

USDA Guidelines for Accommodating Special Dietary Needs

Disability-Institutions and facilities participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Other Special Dietary Needs- Institutions and facilities participating in federal nutrition programs **may** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated for all children.

Fluid Milk Substitutions must either fall under a disability or a special dietary need, and have the appropriate documentation.